	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH					
	7			D CARE FACILITY PECTION REPORT		
REA Regular Follow-Up Complain		GRADE	Inspection Date: 2 / 5 / 17 Time In/Out: 4:05 4:35	ESTABLISHMENT NAME: TAN VICTORIA'S CHAMORU OWNER/OPERATOR: IRIARTE MARIE LYNN	DAY CA	RE
Investigat Other:		RATING	Sanitary Permit No.:	LOCATION: 159 ETTON LIEstablish	Y DAN (OFFE HOM
The fo	ollowing ite	ms identify as the Dep	Female 4 Total violations found this da artment indicates. Non	Child Care License: No.: 70119 / Valid / y in the operations and facilities which must be compliance may result in downgrading or pet be submitted before the indicated correction	/ Provisional pe corrected prmit suspens	/ / Expired
ITEM*	A 80	20.11.5		ARKS	DEMERIT	CORRECT BY
	PREV (O, A	rious i	INSPECTION (WAS CONDUCTED. CONDUCTED ON 9/27/1-		
	NO 1	VEN V	10 LATIONS W	TERE OBJEPVED.		
	"A" F	LACAR	D # 0248	4 ISSUED.		
	PIC 1	BRIEFE	ED ON THE	ABOVE.		
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*Note: cited al	When any bove, they 10 days	y of the foll y shall be o of this insp	lowing items are corrected within pection:	n(s) and I am aware of the corrective me Received By (Name & Title): When DEH Inspector (Name & Title):	asures to b	e taken.
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40). J. GARCIA EPHO						

Rev: 08/2/05 DEH-06